

FILED APR 7 1950

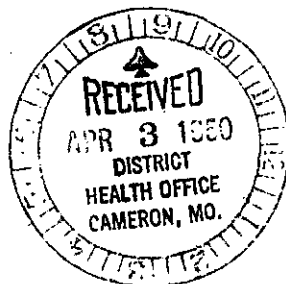
## STANDARD CERTIFICATE OF DEATH

State File No. 8060

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paul</u> <u>Kidder</u>		<u>0130</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>5 1/2 miles east of Paul Highway 36</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>Beatrice</u>		c. (Last) <u>Cody</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>27</u> <u>50</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 22, 1887</u>		9. AGE (in years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Cole Camp Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. Thelen</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Thelma</u>		14. NAME OF HUSBAND OR WIFE <u>G.P. Cody</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G.P. Cody</u>		ADDRESS <u>RFD 2 Cameron</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular thrombosis</u> 1 week ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7 - 8</u> , 19 <u>47</u> , to <u>3 - 27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3 - 27</u> , 19 <u>50</u> , and that death occurred at <u>9 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Print or title) <u>Wm. Thelen</u>				23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>3-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidder</u>		24d. LOCATION (City, town, or county) (State) <u>Kidder</u> <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-31-50</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Funeral Home</u>		ADDRESS <u>Cameron</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Robert F. Poland*

Licensed Embalmer No. \_\_\_\_\_

*4777*

P. O. Address \_\_\_\_\_

*322 W 3rd St  
Cameron MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.